

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/562,161</b>		FILING DATE <b>12-23-05</b>				
							APPLICANT(S)						
CLAIMS													
	AS FILED <i>Article 19</i>		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	11	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12						TOTAL CLAIMS						